MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134a)

00844

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or Institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Charles Acree

3.(b) Social Security Number 214-12-5474

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	married

6.(b) Name of husband or wife: Carrie Acree
6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): July 30, 1888

8. AGE: Years	Months	Days	If less than one day
56	5	19	hrs. min.

9. Birthplace: Caroline Co. Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm

FATHER
12. Name: Robert Acree
13. Birthplace: Richmond, Va.

MOTHER
14. Maiden name: Mary Johns
15. Birthplace: Caroline Co. Md.

16. Informant: Carrie Acree
Address: Denton, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof 1/22/45 (month) (day) (year)
Cemetery or crematory: Denton Colored
Location: Denton, Md.
18. Funeral director: L. J. Frampton Est by
Address: Fredericksburg, Maryland

19. 1/20/45 (Date rec'd by registrar) W. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 19 1945, at 8.10a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 13 1945 to Jan 19 1945 and that I last saw h. alive on Jan 18 1945

Immediate cause of death	DURATION
Anuria	3 days
Due to: Pyelonephritis	2 wks
Due to: Cystitis & Urinary calculi	2
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Colostomy completed, obstructing urethra Date of op. Jan 13, 1945
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Dr. Wm. F. Schneider, M.D.
M. D. or other
Address: Easton, Md. Date signed: Jan 19, '45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00845

CERTIFICATE OF DEATH

Reg. Dist. No. 29-1

1. PLACE OF DEATH
County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 57 years 10 mo. 29 days
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town St. Michaels Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war World War I

3.(a) FULL NAME Daniel T. Blades

3.(b) Social Security Number 216-09-3271

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

B.(b) Name of husband or wife
B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3 1887

8. AGE:

Years	Months	Days	If less than one day
57	10	29	hrs. min.

9. Birthplace St. Michaels, Talbot Co. Md
(Town, county, and state)
10. Usual occupation Truck Driver
11. Industry or business
MOTHER FATHER
12. Name Charles T. Blades
13. Birthplace St. Michaels, Talbot Co. Md
MOTHER
14. Maiden name Elizabeth A. Cox
15. Birthplace St. Michaels, Talbot Co. Md
16. Informant Mrs Nicholas Haddaway
Address Claiborne Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 5 1945 (month) (day) (year)
Cemetery or crematory Christ Cemetery
Location St. Michaels. Md
18. Funeral director Newnam & Hanson
Address St. Michaels Md
19. Jan 4th 1945 (Date rec'd by registrar) John Hurst Thos Registrar Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1945, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1945 to Jan 2 1945 and that I last saw him alive on Jan 2 1945

Immediate cause of death	DURATION
Coronary disease	7
Due to: Arteriosclerosis	7
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Hoke M.D.
M. D. or other
Address St. Michaels, Md Date signed 1/3/45

M

VS A15 (1) (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

00846

2411 N. Charles St., Baltimore (48-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH:
County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME Virginia M Bryan

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife James Olin Bryan
6.(c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) July 15, 1888

8. AGE:

Years	Months	Days	If less than one day
56	6	1	hrs. min.

9. Birthplace Dorchester County Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER 12. Name — Barnes
13. Birthplace Maryland
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant James O. Bryan (Husband)
Address Oxford Md.
17. Burial Date thereof Jan. 18, 1945
(Burial, cremation, or removal—which?) (month) (day) (year)
Cemetery or crematory Oxford Cemetery
Location Oxford Md.
18. Funeral director P. Ellis Clark
Address Easton, Md.
19. January 18 1945 Josephine Corkran Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1945, at 3.15 a. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 30 1943, to January 16 1945
and that I last saw h. alive on January 15 1945

Immediate cause of death	DURATION
Carcinoma of uterus with general involvement of gastrointestinal viscera	1 yr.
Due to	3 mo.
Due to	11 days.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE O. L. Perkins M.D.
M. D. or other
Address Royal Oak, Md. Date signed 1/17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1707)

CERTIFICATE OF DEATH

00847

Reg. Dist. No. 297

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe (rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Nearly all of life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: Trappe (rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: World War I

3.(a) FULL NAME: Nelson ~~Norman~~ Bryan

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 26, ~~1944~~ 1894

8. AGE: Years	Months	Days	If less than one day
50	8	17	hrs. min.

9. Birthplace: Trappe Talbot Co Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
12. Name of FATHER: Robert F Bryan
13. Birthplace of FATHER: Dorchester Co. Md.
14. Maiden name of MOTHER: Adelia Laud
15. Birthplace of MOTHER: Dorchester Co. Md
16. Informant: Mrs Ethel Wise
Address: Trappe, Md R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 16, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton Md
18. Funeral director: Maurice E Newnam & Son
Address: Easton, Md
19. Jan 15 1945 (Date rec'd by registrar) Joella Roe Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17 1945, at 9:05 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...
and that I last saw h... alive on ..... 19...

Immediate cause of death	DURATION
Fractured Skull	
Due to Struck by truck while	
Due to Manner of epileptic seizures	
Other conditions State highway	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 1-12-45
Where did injury occur? Trappa (City or town) Talbot (County) Md (State)
Injured at home, farm, industry, public place (where?): his way
Means of injury: auto accident Injured at work? no

23. SIGNATURE: Louis O Nealy MD Dept Med Exr M. D. or other
Address: Easton Md Date signed 1-13-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

00848

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (162-a)

CERTIFICATE OF DEATH

Reg. Diat. No. 29

1. PLACE OF DEATH:
County: Talbot
City or town: Offard
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Offard
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William S. Dawson

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Lutie Barnes deceased
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Feb. 8-1856

8. AGE: Years	Months	Days	If less than one day
88	11	13	hrs. min.

9. Birthplace: Trappe, Md. Rural (Town, county, and state)
10. Usual occupation: Retired
11. Industry or business: Saw Milling
FATHER 12. Name: Geo. Dawson
FATHER 13. Birthplace: Unknown
MOTHER 14. Maiden name: Sally Somers
MOTHER 15. Birthplace: Baltimore, Md.
16. Informant: Mrs. Doyle Smith
Address: Offard, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan. 24, 1945 (month) (day) (year)
Cemetery or crematory: Offard Cemetery
Location: Offard, Md.
18. Funeral director: John D. Williams
Address: Easton, Md.
19. Jan 23rd 1945 (Date rec'd by registrar) Joseph A. Corkran Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 21, 1945, at 8:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19 26, to Jan 21 1945 and that I last saw h im alive on Dec 15 1944

Immediate cause of death	DURATION
Senile Dementia	18 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Joseph A. Corkran M. D. or other
Address: Trappe Md. Date signed: 1/23/45

VS A15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

00849

CERTIFICATE OF DEATH

Reg. Dist. No. 290

STATE OF MARYLAND LOCAL FILE COPY

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town West St.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Easton
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Wm S. Fields

3.(b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C.	Widower.

B.(b) Name of husband or wife

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 5 1865

8. AGE: Years 79 | Months 5 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace Royal Oak, Talbot, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Fields

13. Birthplace Md.

MOTHER
14. Maiden name Ella Fields

15. Birthplace Md.

16. Informant George Edward Jakins.

Address Royal Oak Md.

17. Burial Date thereof Feb 7 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Royal Oak.

Location Royal Oak Md.

18. Funeral director Ellis Burk.

Address Easton. Md.

19. 2/2 1945 M. H. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1945, at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 1944, to Jan 31 1945
and that I last saw him alive on Jan 31 1945

	DURATION
Immediate cause of death Chronic Interstitial Nephritis	2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward L. Webb M.D.
M. D. or other

Address Easton Md Date signed 2/1/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00850

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Memorial Hospital, Easton, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton, Md (If outside city or town limits, write RURAL and give nearest town)

Street No. 104 Port St (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Valestine, Florie Floyd

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Black	Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1944 6.(c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
	5	23	hrs. min.

9. Birthplace: Easton, Md (Town, county, and state)

10. Usual occupation: Child

11. Industry or business

FATHER 12. Name: Calie Floyd

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Theresa Hurdle

MOTHER 15. Birthplace: Maryland

16. Informant: Florine Hurdle

Address: Easton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 29 1945 (month) (day) (year)

Cemetery or crematory: New Chapel

Location: Easton R.D., Md.

18. Funeral director: J. Coles Clark & Son

Address: Easton, Md.

19. 1/28 19 45 (Date rec'd by registrar) N.L. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 27 19 45, at 2.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24 19 45, to Jan. 27 19 45

and that I last saw h alive on 19

Immediate cause of death	DURATION
Erythroblastic	5 mo.
Due to: Anemia	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Louis P. Watty M.D. M. D. or other

Address: Easton Md Date signed 1-27-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

00851

CERTIFICATE OF DEATH

Reg. Dist. No. 290

STRICTLY CONFIDENTIAL

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, Institution, or street address where death occurred:
121 Hanson Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 121- Hanson St
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Clara V. Gibson.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female.	Colored.	Married.

6.(b) Name of husband or wife Charles Gibson
6.(c) If alive, give age 83- years

7. Birth date of deceased (mo., day, yr.) March 7, 1880

8. AGE: Years	Months	Days	If less than one day
64	10	20	....hrs. ....min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual occupation House-Work.
11. Industry or business Home
FATHER 12. Name Charles Holland.
13. Birthplace Dor. Co. Md.
MOTHER 14. Maiden name Willie Givens.
15. Birthplace Dor. Co. Md.
16. Informant Mrs Geneva Handy.
Address 121- Hanson St. Easton. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 31" 1945 (month) (day) (year)
Cemetery or crematory Bethlehem Cemetery
Location Bethlehem. Md.
18. Funeral director G. G. Trumbtom & Son.
Address Federalsburg, Md.
19. 1/31 1945 (Date rec'd by registrar) M. A. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27" 1945, at 10-30-A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 24, 1944 1945, to ### Jan. 27 1945
and that I last saw her alive on Jan. 26, 1945 1945

Immediate cause of death	DURATION
Acute Uremia	1 mo. 3 days
Due to Brights Disease	
Due to	
Other conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings of operations None — Date of op. None
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE [signature] M. D., or other
Address St. Michaels, Md Date signed 1.29.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

00852

Evidence for change of cause of death is shown on FILM No. G-9 4 APR 7 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 2-90

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md. R.F.D. #2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 Years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. #2 Box 184
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME ERNEST GIBSON

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Divorced

6.(b) Name of husband or wife Eleanor Gibson
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 17, 1903

8. AGE: Years 41 | Months 9 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace Talbot Co. Md. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farming
FATHER 12. Name Thos. H. Gibson
13. Birthplace Unknown
MOTHER 14. Maiden name Ida Mitchell
15. Birthplace Talbot Co. Md.
16. Informant Charles L. Ewing
Address Easton, Md. R.F.D. #2 Box 184
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/15/45 (month) (day) (year)
Cemetery or crematory New Chapel
Location Easton, Md. Rural
18. Funeral director T. Ellis Clark
Address Easton, Md.
19. 1/15 1945 (Date rec'd by registrar) N. L. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1945, at 5.30 A.M.
21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Lymphosarcoma	
Metastatic carcinoma	
Due to Probably primary in lung, cause	
Primary site not	
Due to determined. Duration: 8 months	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... injured at work?

23. SIGNATURE Louis J. Watts M.D.
M. D. or other
Address Easton Md. Date signed 1-11-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

00853

CERTIFICATE OF DEATH

Reg. Dist. No. 293

1. PLACE OF DEATH:

County: Talbot

City or town: Condova

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot.

City or town: Condova - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary Rhodes Slaughter Glasser

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 4, 1850

8. AGE: Years: 94 Months: 6 Days: — If less than one day: ..... hrs. ..... min.

9. Birthplace: Condova, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: William Slaughter

13. Birthplace: Delaware

MOTHER

14. Maiden name: Mary Ann Rhodes

15. Birthplace: Coldova Md

16. Informant: Mrs. Bessie Hopkins

Address: Condova, Md.

17. Burial: (Burial, cremation, or removal. Which?) Date thereof: Jan 8 1945 (month) (day) (year)

Cemetery or crematory: St. Peters Catholic Cemetery

Location: Queenstown, Md.

16. Funeral director: John D. Willeams

Address: Easton Md

19. 1/5 1945 (Date rec'd by registrar) M. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4th 1945 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1944 to Jan 4 1945

and that I last saw h[illegible] alive on Jan 4 1945

Immediate cause of death: B. Bronchopneumonia — DURATION: 2 days

Due to: Senility

Due to:

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Kurt Loders M. D. (M. D. or other)

Address: Queen Anne Md Date signed: 1/6 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

00854

Reg. Dist. No. 24d

1. PLACE OF DEATH:
County Talbot
City or town Near Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Rd. Near Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Elizabeth Jane Grubb.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widow

6.(b) Name of husband or wife Daniel Grubb. Dec'd.
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 17th 1875

8. AGE: Years 70 | Months | Days 3 | If less than one day ... hrs. ... min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual occupation Housework.
11. Industry or business
FATHER 12. Name David Sewayer
13. Birthplace Penna.
MOTHER 14. Maiden name Mary Starkman
15. Birthplace Penna.
16. Informant David Grubb.
Address Rd. Easton Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof 1-24-45 (month) (day) (year)
Cemetery or crematory Dulan Cemetery
Location Dulan Md.
18. Funeral director J. Thayer Moore & Son
Address Easton Md.
19. 1/23 1945 (Date rec'd by registrar) M.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21st 1945 at 1 P. M.
I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1944 to Jan 21 1945
and that I last saw her alive on Jan 20 1945

Immediate cause of death	DURATION
Coronary thrombosis	3 Day
Due to Arteriosclerotic Heart Dis.	3 yrs
Due to	
Other conditions nil	

(Include pregnancy within 3 months of death)
Major findings of operations nil Date of op.
Autopsy results nil
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide nil Date of
Where did injury occur? nil (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) nil
Means of injury nil Injured at work?

23. SIGNATURE A. W. C. Stevens M. D.
M. D. or other
Address Easton Md Date signed 1-23-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for change of birth date of deceased is shown on 2411 N. Charles St., Baltimore (94a)

FILM No. G 92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

00855

Reg. Dist. No. 294

1. PLACE OF DEATH:
County: Talbot
City or town: Wittman Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Wittman Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Thomasine Jones

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	married

6.(b) Name of husband or wife: Noah M. Jones
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 1st 1866

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
78	9	23		

8. Birthplace: Peartt Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: Thomas Haddaway
13. Birthplace: Peartt Talbot Co. Md

MOTHER
14. Maiden name: Mary Ann Ball
15. Birthplace: Talbot Co. Md.

16. Informant: Milford Jones
Address: Wittman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 26 1945 (month) (day) (year)
Cemetery or crematory: Christ Cemetery
Location: St. Michaels. Md
18. Funeral director: Newnam & Harrison
Address: St. Michaels Md.

19. Jan. 25th 1945 (Date rec'd by registrar) Anna C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 24 19 45 at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from ... 19... to Jan 24 19 45 and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Coronary Occlusion	
(Due to) Myocarditis, Hyp.	
Due to) Heart pain	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Gwynn Price M. D. or other
Address: Tilghman Md Date signed: Jan 26 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00856

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 34 Hours
Hospital, Institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 34 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME
Gardner Lee Major

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 1944

8. AGE: Years	Months	Days	If less than one day
~~7 Months~~	7		..... hrs. ..... min.

9. Birthplace (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Edward Major
FATHER 13. Birthplace: Del.
MOTHER 14. Maiden name: Gertrude Holland
MOTHER 15. Birthplace: Del.
16. Informant: E. C. Thomas
Address: Stevensville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/2/45 (month) (day) (year)
Cemetery or crematory: Chester (Col)
Location: Chester Md.
16. Funeral director: H. E. Thomas
Address: Stevensville Md.
19. 1/1 1945 (Date rec'd by registrar) M. Higgins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1 1945, at 12:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 30 1944, to January 1 1945 and that I last saw h... alive on January 1 1945

Immediate cause of death	DURATION
Due to: Lobar Pneumonia	1 Wk.
Due to:	
Other conditions	

(Incinde pregnancy within 3 months of death)

Major findings of operations: —
Date of op. —
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Easton Md. Date signed 1/2/45

Evidence for change of age & birth date of deceased is shown on

FILM No. G 92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

00857

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
Memorial Hospital, Easton, Md.
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Centerville, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Mae Ellen Mears

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: John Edward Mears
8.(c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): May 28, ~~1914~~ 1912

8. AGE: Years	Months	Days	If less than one day
32 ~~57~~	7	17	...hrs. ...min.

9. Birthplace: Price's Station, Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Oden Brown
13. Birthplace: [illegible] Co. Md.

MOTHER
14. Maiden name: Lida Elliott
15. Birthplace: [illegible] Co. Md.

16. Informant: Mr. John Edward Mears
Address: Centerville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/17/45 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville Md.
18. Funeral director: Easton Burial
Address: Centreville, Maryland

19. 1/15 1945 M. H. Meares
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 14 1945 at 9:17P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 12 1945 to Jan 14 1945 and that I last saw h[illegible] alive on Jan 14 1945

Immediate cause of death	DURATION
acute myocardial failure	12 hrs
Due to Pneumonia	
Lobar	48 hrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: consolidation both lungs
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John Schneider M.D.
M. D. or other
Address: Easton Md Date signed: Jan 14 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117a)

CERTIFICATE OF DEATH

00858

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Talbot
City or town St. Michaels
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infante give residence of mother)
State Md County Talbot
City or town St. Michaels. Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Richard Moore.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6.(b) Name of husband or wife Josephine Johnson
6.(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) Nov. 14 1867

8. AGE: Years	Months	Days	If less than one day
77	1	29	hrs. min.

8. Birthplace St Michaels. Md
(Town, county, and state)
10. Usual occupation Domestic
11. Industry or business

FATHER
12. Name William Moore
13. Birthplace St. Michaels, Md

MOTHER
14. Maiden name Louisa Moore
15. Birthplace St. michaels. Md.

16. Informant Josephine Moore
Address St. michaels Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 17 1945 (month) (day) (year)
Cemetery or crematory Cemetery
Location St Michaels. Md.

18. Funeral director Newnam & Harman
Address St. Michaels. Md.

19. Jan 17th 1945 (Date rec'd by registrar) John Horvales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 13, 1945 19 at 1:45 pM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20, 1944 19 to Jan. 13, 1945
and that I last saw him alive on January 11, 1945 19

Immediate cause of death	DURATION
Peritonitis (Acute)	
Due to Ruptured Gastric Ulcer	Several months
Due to	
Other conditions Acute Gastritis (Recurrent)	

(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op. None
Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury ✓ Injured at work? ✓

23. SIGNATURE T. B. Newnam, M.D.
M. D. or other
Address St. Michaels, Md Date signed 1.16.45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1222)

CERTIFICATE OF DEATH

00859

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 das.
Hospital, Institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 6 das

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Federalsburg, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mr. Harvey Nichols

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Aug. 12, 1881

8. AGE:

Years	Months	Days	If less than one day
63	4	19	... hrs. ... min.

9. Birthplace: Caroline Co. Md.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: same

FATHER
12. Name: Robinson Nichols
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden name: Mary A. Nichols
15. Birthplace: Caroline Co. Md.

16. Informant: Mrs. Effie Nichols
Address: Federalsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/4/45 (month) (day) (year)
Cemetery or crematory: Hill Crest
Location: Federalsburg Md
18. Funeral director: J J Frampton Son
Address: Federalsburg Md.

19. 1/3 (Date rec'd by registrar) 19 45 — H. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1, 19 45, at 7:30A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 26 1944, to January 1 1945
and that I last saw h.. alive on January 1 1945

Immediate cause of death	DURATION
Uremic Poisoning	6 days
Due to: Hernia inguinal Strangulated left	8 hrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Strangulated inguinal hernia left
Date of op. 12/26/44
Autopsy results: Not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: M. D. Noble M. D. or other
Address: Easton, Md. Date signed 1/2/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Baker.

Evidence for change of sex of deceased is shown on FILM No. G 9 2 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

00860

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Everett Russell Parris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F. Male	W.	Married.

6.(b) Name of husband or wife Evelyn Shaw Parris

6.(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) April 28, 1886.

8. AGE: Years 58 | Months 8 | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace Queen Anne County, Maryland
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER 12. Name Alexander Parris

13. Birthplace Md.

MOTHER 14. Maiden name Letitia R. Parris

15. Birthplace Md.

16. Informant George M. Parris,

Address Easton, Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof January 8, 1945 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director Allen Bach

Address Easton, Md

19. 1/8 1945 (Date rec'd by registrar) M.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1945, at 7:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1942, to 1-5 1945

and that I last saw h. alive on 1-5 1945

Immediate cause of death	DURATION
Acute Cardiac Decompensation	
Due to Chronic Myocarditis	
Due to Essential Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas Bullen M.D.
M. D. or other

Address Easton Date signed 1-9-45

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124C)

CERTIFICATE OF DEATH

Ross.

00861

Reg. Dist. No. 292

1. PLACE OF DEATH:

County: Talbot

City or town: Trappe (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Entire Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Trappe (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Florence Parrott

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Leary Pinkney Parrott

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Apr. 9, 1886

8. AGE:

Years	Months	Days	If less than one day
58	9	13	... hrs. ... min.

9. Birthplace: Easton Talbot Co., Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Henry Diffenderfer

13. Birthplace: Pennsylvania

MOTHER

14. Maiden name: Sarah Jane Dalby

15. Birthplace: Dorchester Co. Md.

16. Informant: Mr Leary Pinkney Parrott

Address: Trappe, Maryland R5

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 27 1945 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Maryland

18. Funeral director: Maurice E. Noonan & Son

Address: Easton, Maryland

19. Jan 23rd 1945 (Date rec'd by Registrar) Douglas Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 23, 1945, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to Jan 23, 1945

and that I last saw h.e.r. alive on January 23rd 1945

Immediate cause of death	DURATION
Intestinal Hemorrhage	4 hours
Due to: Cirrhosis of Liver	3 mos
Due to:	
Other conditions: Chronic myocarditis	3 year

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Douglas Ross M. D. or other

Address: Trappe Md. Date signed: 1/23/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

00862

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:
County: Talbot
City or town: Easton (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All of life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Lillie May Prahl

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6.(b) Name of husband or wife: E. E. Prahl
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 19, 1880

8. AGE:

Years	Months	Days	If less than one day
64	2	12	..... hrs. ..... min.

9. Birthplace: Georgetown, Delaware
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:

FATHER
12. Name: John M. Greenhawk
13. Birthplace: Unknown

MOTHER
14. Maiden name: Martha A. Clifton
15. Birthplace: Unknown

16. Informant: Mrs. Orlie Prahl
Address: Oxford, Maryland

17. Burial (Burial, cremation, or removal, which) Date thereof: Feb. 21 1945 (month) (day) (year)
Cemetery or crematory: Oxford Cemetery
Location: Oxford Md

18. Funeral director: Maurice E. Newnam Funeral
Address: Easton, Maryland

19. 1/31 1945 M. A. Nevins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 31, 1945, at 5:23 P.M.

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~
..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Diabetes Mellitus — DURATION: 4 years
Due to: .....
Due to: .....
Other conditions: diabetic gangrene, leg — DURATION: .....
(Include pregnancy within 3 months of death)

Major findings of operations: .....
Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Louis J. Wetzel M.D.
M. D. or other
Address: Easton Md Date signed 2-1-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

00863

CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:
County Talbot Md
City or town Trappe md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Trappe Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. no
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Lillie Mae Roberts

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	a. a.	Single

6.(b) Name of husband or wife no

no 6.(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) about 1903

8. AGE: Years about 41 | Months — | Days — | If less than one day ..... hrs. ..... min.

9. Birthplace Trappe md (rural) (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Same as above

FATHER 12. Name Hapsine Roberts

13. Birthplace Trappe md (rural)

MOTHER 14. Maiden name Polly Wilson

15. Birthplace Trappe md (rural)

16. Informant Mary E. Brummel

Address Trappe Md

17. Burial (Burial, cremation, or removal. Which?) Data thereof Jan 26 - 1945 (month) (day) (year)

Cemetery or crematory Bell AME

Location Trappe md (rural).

18. Funeral director James E. Stewart

Address Easton md

19. January 27 1945 Joe Larkin Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1945 at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 1944 to Jan 23 1945 and that I last saw h.. alive on Oct 22 1944

Immediate cause of death	DURATION
Aortic + Mitral insufficiency	6 mos.
Due to Hypertension	several yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation no Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. W. C. Stewart M.D.
M. D. or other

Address Easton Md Date signed 1-25-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00864

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 mos.
Hospital, Institution, or street address where death occurred:
How long in Hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Dover Easton Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Lodie Delmar Roberts.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C.	Married

6.(b) Name of husband or wife: John Henry Roberts
6.(c) If alive, give age: 46 yrs. years
7. Birth date of deceased (mo., day, yr.): Jan. 29, 1897

8. AGE:

Years	Months	Days	If less than one day
47	11	7	..... hrs. ..... min.

9. Birthplace: Delaware.
(Town, county, and state)
10. Usual occupation: Maid.
11. Industry or business:
FATHER 12. Name: Willard Brown.
FATHER 13. Birthplace: Delaware.
MOTHER 14. Maiden name: Ida (?)
MOTHER 15. Birthplace:
16. Informant: John Henry Roberts.
Address: Easton Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan 10 1945 (month) (day) (year)
Cemetery or crematory: Corporation
Location: Dover Easton Md.
18. Funeral director: Walter Clark
Address: Easton, Md.
19. 1/8 1945 N.H. Meeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 7 19 45, at 7:30 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral Hemorrhage	Immed.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Louis D. Neely M.D. Dep Med Exa
M. D. or other
Address: Easton Md Date signed 1-8-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING

Evidence for change of birth date of deceased is shown on FILM No. G 92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00865

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 34 days
Hospital, Institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 42 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Ridgely, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Clarence Seth

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Married

6.(b) Name of husband or wife: Corrine Seth
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 4, ~~1903~~ 1901

8. AGE: Years: 43 Months: Days: If less than one day: ____ hrs. ____ min.

9. Birthplace: Ridgely Caroline Md.
(Town, county, and state)

10. Usual occupation: Laborer.

11. Industry or business

FATHER
12. Name: Lewis Seth.
13. Birthplace: Md.

MOTHER
14. Maiden name: Cindy Clark
15. Birthplace: Md.

16. Informant: Corrine Seth.
Address: Ridgely Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 1/6/45 (month) (day) (year)
Cemetery or crematory: Denton.
Location: Denton Md.

18. Funeral director: Raymond B Rawlings.
Address: Greensboro Md.

19. 1/3 1945 (Date rec'd by registrar) M. L. Meares Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1945, at 1:05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 22 1944 to Jan. 3 1945
and that I last saw him alive on Jan. 3 1945

	DURATION
Immediate cause of death: Acute Myocardial failure	1 da.
Due to: Pericarditis	7 "
Due to: Emphysema secondary to Coton fermentation	6 Mos.
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Taylor Baden M.D.
M. D. or other
Address: Easton Md. Date signed 1/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 22

00866

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 days
Hospital, Institution or street address where death occurred: Memorial Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Golt
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ford L. Stevens

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife Lillian Stevens
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 23, 1905

8. AGE: Years 39 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business —

FATHER
12. Name Peter Stevens
13. Birthplace Md.

MOTHER
14. Maiden name Rose Simpler
15. Birthplace Del.

16. Informant Mrs. Rose Lacey
Address 1800 W. 6th St. Wilmington Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/11/45 (month) (day) (year)
Cemetery or crematory Townsend
Location Townsend, Del.
16. Funeral director Peter Daniels
Address Townsend Delaware

19. 1/8/45 (Date rec'd by registrar) M. H. Meiere Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 19 45, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 4 19 45, to Jan. 8 19 45
and that I last saw him alive on Jan. 8 19 45

	DURATION
Immediate cause of death	
Due to Pneumonia, Lobar	6 da.
Due to Acute Tuberculosis, T B	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Easton Md. Date signed 1/9/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

00867

Evidence for change of age of deceased is shown on FILM No. G 92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 mts
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Easton Ridgely
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Florence Thomas

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	B	Married

6.(b) Name of husband or wife: Marion Thomas
6.(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Nov. 28. 1879

8. AGE: Years	Months	Days	If less than one day
65	1	4	hrs. min.

9. Birthplace: Hillsboro Caroline Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Eva Hines
15. Birthplace: Md.

16. Informant: Marion Thomas
Address: Ridgely. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 6. 45 (month) (day) (year)
Cemetery or crematory: West Denton
Location: Denton. Md.

18. Funeral director: Raymond, B. Rawlings
Address: Greensboro, Md.

19. 1/3 (Date rec'd by registrar) 19 45 M. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3 19 45, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 19 44 to Jan 3 19 45 and that I last saw h[illegible] alive on Jan 3 19 45

Immediate cause of death: Coronary Thrombosis

DURATION: ?

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Hayward G. Potts M.D.
M. D. or other
Address: Easton, Md. Date signed: 1/4/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00868

CERTIFICATE OF DEATH

Reg. Diat. No. 291

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: St Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Thelma Irene Thomas

3.(b) Social Security Number: 215-12-6816

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: Chas. Thomas

6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Dec. 22, 1914

8. AGE: Years	Months	Days	If less than one day
30	1	3	...hrs. ...min.

9. Birthplace: Mc Daniel, Md. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER — 12. Name: Alexander C. Holland

13. Birthplace: Bozman, Md.

MOTHER — 14. Maiden name: Josephine Bailey

15. Birthplace: Bozman, Md.

16. Informant: Josephine Bailey

Address: St Michaels Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Jan 27-45 (month) (day) (year)

Cemetery or crematory: Asbury M E Graveyard

Location: Bozman Md.

18. Funeral director: John D Williams

Address: Easton, Md.

19. 1/27 (Date rec'd by registrar) 1945 W. H. Morris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 25 1945, at 8.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 23 1945 to Jan. 26 1945

and that I last saw her alive on Jan. 20 1945

Immediate cause of death	DURATION
Lobar pneumonia	2 days
Due to	
Due to	
Other conditions: Pregnant (Include pregnancy within 3 months of death)	5½ mo

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Haymard T. Webb M.D. M. D. or other

Address: Easton, Md. Date signed 1/25/45

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1)

MARGIN RESERVED FOR BINDING

(M)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1387-A)

00869

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 das.
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 6 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Pricilla Webb

3.(b) Social Security Number: 219-14-4820

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug. 15, 1903

8. AGE: Years	Months	Days	If less than one day
41	4	23	..... hrs. ..... min.

9. Birthplace: Dorchester Co. Md. (Town, county, and state)
10. Usual occupation: Maid
11. Industry or business: H.W.

FATHER
12. Name: Augustus Webb
13. Birthplace: Dorchester Co. Md.

MOTHER
14. Maiden name: Mary Lake
15. Birthplace: Dorchester Co. Md.

16. Informant: Rachael Sampson
Address: Federalsburg, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/11/45 (month) (day) (year)
Cemetery or crematory: John's Cemetery
Location: near Preston, Md.

18. Funeral director: J. J. Frampton Son.
Address: Federalsburg Md.

19. 1/9/45 W. H. Merrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-8 19 45, at 3:55 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2, 1945 to Jan 8, 1945 and that I last saw h.. alive on Jan 8, 1945

Immediate cause of death	DURATION
Pyelonephritis	5 yrs.
Due to: Pelvic inflammatory disease	2
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John F. Schneider M.D.
M. D. or other
Address: Easton Md Date signed 1/8/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290 — 00870

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 hrs. 25 min
Hospital, institution, or street address where death occurred:
Memorial
How long in hospital or institution? 4 hrs. 25 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Carolina
City or town: Preston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Pamela Wright

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.): Oct 18, 1943 — 8.(c) If alive, give age ____ years

8. AGE:

Years	Months	Days	If less than one day
1	2	15	____ hrs. ____ min.

9. Birthplace: Preston, Md (Town, county, and state)
10. Usual occupation: none
11. Industry or business:

FATHER
12. Name: Harry B. Wright Jr.
13. Birthplace: Choptank, Md

MOTHER
14. Maiden name: Josephine Berry
15. Birthplace: Baltimore, Md

16. Informant: H. B. Wright Jr.
Address: Preston, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 4 1945 (month) (day) (year)
Cemetery or crematory: M.E. Church Cemetery
Location: Preston, Md
18. Funeral director: J. M. Hoeed
Address: Preston Md

19. 1/3 1945 (Date rec'd by registrar) M.H. Meares Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2 January 1945 at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1945, to Jan 2 1945 and that I last saw her alive on Jan 1 1945.

Immediate cause of death	DURATION
Bronchial Pneumonia. (Resp)	10 da.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____
Autopsy results: ____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: W. E. Lemmon M.D. M. D. or other
Address: Federalsburg Md Date signed 1-2-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

CERTIFICATE OF DEATH

Reg. Dist. No. 11672 90

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Henrietta Ziegler

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	W	single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1857

8. AGE: Years 87 | Months 1 | Days 29 | If less than one day hrs. min.

9. Birthplace Talbot Co. Md. (Town, county, and state)

10. Usual occupation Lady

11. Industry or business At Home

FATHER 12. Name Henry Ziegler
13. Birthplace Germany

MOTHER 14. Maiden name Margaret Maumgiem
15. Birthplace Germany

16. Informant Henry Windfork
Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 24, 1945 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.

18. Funeral director E. Ellis Clark Sons
Address Easton, Md.

19. 1/23 1945 (Date rec'd by registrar) M. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1945, at 7:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19..., to Jan. 22 1945
and that I last saw h.. alive on Jan. 22 1945

	DURATION
Immediate cause of death Cardiac failure	1 da.
Due to Generalized peritonitis	4 da.
Due to Multiple diverticulosis of the colon	1 Mo.
Other conditions Lymphosarcoma	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results None external
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Duncan Bowers M.D.
M. D. or other
Address Easton, Md. Date signed 1/24/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING